



# Boys and Eating Disorders

*This information sheet provides information on boys and eating disorders. It includes suggestions for creating a school environment that discourages disordered eating and promotes the early detection of eating disorders.*

## **Boys can and do develop eating disorders**

Eating disorders are often seen as problems affecting only girls. However, 1 in 10 cases of these disorders involve males.<sup>1</sup> This means that hundreds of thousands of boys are affected. Moreover, for one disorder—*anorexia*—up to one in four children referred to an eating disorders professional is a boy.<sup>2</sup>

## **Factors associated with eating disorders are similar for males and females**

The characteristics of males with eating disorders are similar to those seen in females with eating disorders.<sup>3</sup> These factors include low self-esteem, the need to be accepted, an inability to cope with emotional pressures, and family and relationship problems. Homosexuality and bisexuality also appear to be risk factors for males, especially for those who develop *bulimia*.<sup>4</sup> Homosexuality can be seen as a risk factor that puts males in a subculture that places the same premium on appearance for men as the larger culture places for women. Both males and females with eating disorders are likely to experience depression, substance abuse, anxiety disorders, and personality disorders.

***The signs and symptoms of eating disorders are similar for boys and girls.*** The physical, behavioral, and emotional signs and symptoms are listed in other information sheets within this packet. It is important to look for these signs and symptoms in your interactions with boys.

## **Students of all ethnic and cultural groups are vulnerable to developing eating disorders.**

One recent study, for example, reported that Hispanic boys were twice as likely as Caucasian boys to binge eat at least monthly.<sup>5</sup> Other information sheets in this packet address how eating disorders affect different ethnic and cultural groups.

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*"If there was one thing I'd change about my looks, I'd change my weight. I get poked at and yelled at all the time. I'd like to be mostly skinny instead of fat. Then I wouldn't be teased any more, and I'd be able to do things I can't do now. I could run faster and be more active. I could swim, knowing I don't have all that weight on me."*<sup>6</sup>

—Mike, age 10

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## **Boys may diet and "shape" to achieve the ideal body image**

Boys are less likely than girls to consider themselves overweight or in need of dieting. While girls often *feel* fat before they begin dieting, boys are more likely to *be* overweight, usually in the mild to moderate range, when they begin to diet.<sup>7</sup> Males tend to diet as a means to an end. For example, they may diet to avoid being teased about being fat or to improve athletic performance in wrestling, track, swimming, and other sports.

Males often try to achieve a better body image through *shaping*—bodybuilding, weightlifting, and muscle toning—in response to social norms for males, which emphasize strength and athleticism.



### Action Figures Are Bulking Up

A recent study noted that some of the most popular male action figures have grown extremely muscular over time.<sup>8</sup> Researchers compared action toys today—including GI Joe and Star Wars’ Luke Skywalker and Hans Solo—with their original counterparts. They found that many action figures have acquired the physiques of bodybuilders, with particularly impressive gains in the shoulder and chest areas. Some of the action toys have not only grown more muscular but have also developed increasingly sharp muscle definition, such as rippled abdominals. As noted in the study, if the GI Joe Extreme were 70 inches in size, he would sport larger biceps than any bodybuilder in history.

### Boys are less likely to be diagnosed early with an eating disorder

Doctors reportedly are less likely to make a diagnosis of eating disorders in males than females.<sup>9</sup> Other adults who work with young people and parents also may be less likely to suspect an eating disorder in boys, thereby delaying detection and treatment. A study of 135 males hospitalized with an eating disorder noted that the males with bulimia felt ashamed of having a stereotypically “female” disorder, which might explain their delay in seeking treatment.<sup>10</sup> Binge eating disorder may go unrecognized in males because an overeating male is less likely to provoke attention than an overeating female.<sup>11</sup>

*Timmy stood up in front of our fourth-grade class and invited all of them to his birthday party, but he stated that I could not come because I'd eat all the pizza. I was 9 years old, but 30 years later, I still get that same lonely, shameful feeling when someone makes comments about food to me.*

—Dennis, nonprofit organization executive

### What can you do?

Here are some ideas:

- ◆ Communicate openly about body image issues, using messages that support acceptance of body diversity, discourage disordered eating, and promote the development of self-esteem.
- ◆ Do not tolerate teasing and bullying in school, particularly when focused on a boy's body size or masculinity.
- ◆ Conduct media literacy activities that explore the “wedge shape” as the cultural ideal and build skills to resist such messages.
- ◆ Develop policies that prohibit student athletes from engaging in harmful weight control or bodybuilding measures.
- ◆ Connect young men with positive role models who will encourage personal growth and development.

### End Notes

<sup>1</sup> Andersen AE. Eating disorders in males, in KD Brownell, CG Fairburn (eds.), *Eating Disorders and Obesity: A Comprehensive Handbook*. New York: Guilford Press, 1995, pp. 177-182.

<sup>2</sup> Bryant-Waugh R, Lask B. Childhood-onset eating disorders, in KD Brownell, CG Fairburn (eds.), *Eating Disorders and Obesity: A Comprehensive Handbook*. New York: Guilford Press, 1995, pp. 183-187.

<sup>3</sup> Carlat DJ, Carmargo CA, Herzog DB. Eating disorders in males: A report on 135 patients. *American Journal of Psychiatry*, 154 (9), 1130, 1997.

<sup>4</sup> Ibid., 1127-1132.

<sup>5</sup> Field, AE, Colditz GA, Peterson KE. Racial/ethnic and gender differences in concern with weight and in bulimia behaviors among adolescents. *Obesity Research*, Sept (5), 447-454, 1997.

<sup>6</sup> Bode J. *Food Fight: A Guide to Eating Disorders for Preteens and Their Parents*. New York: Aladdin, 1998, p. 35.

<sup>7</sup> Andersen, AE. “Eating Disorders in Males: Critical Questions,” in R Lemberg (ed.), *Controlling Eating Disorders with Facts, Advice, and Resources*. Phoenix, AZ: Oryx Press, 1992, pp. 20-28.

<sup>8</sup> Pope HG, Olivardia R, Gruber A, Borowiecki J. Evolving ideals of male body image as seen through action toys. *International Journal of Eating Disorders*, in press.

<sup>9</sup> Andersen, Eating disorders in males.

<sup>10</sup> Carlat et al., Eating disorders in males: A report on 135 patients, 1130.

<sup>11</sup> Andersen, Eating disorders in males.